

The Boeing Company  
P.O. Box 516  
St. Louis, MO 63166-0516  
(314) 232-0232

RECEIVED

OCT 12 2012

AWMD/WRAP-MIRP

October 9, 2012  
107A-6689-JWH

Mr. Richard Nussbaum, Chief  
Permits Section  
Hazardous Waste Program  
Missouri Department of Natural Resources  
205 Jefferson Street  
P.O. Box 176  
Jefferson City, MO 65102



Encl: Corrective Action Quarterly Progress Report-Third Quarter 2012

Dear Mr. Nussbaum:

The enclosed Quarterly Progress Report is submitted as required by Section XI of the Corrective Action Conditions of the Hazardous Waste Management Facility Permit, Number MOD 000 818 963. Two copies of the report will also be submitted to the U.S. EPA, Region VII as required under the terms of the permit.

Please contact me should you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bret S. Spoerle', with a long horizontal stroke extending to the right.

Bret S. Spoerle  
Senior Manager  
Environment, Health and Safety  
(314) 777-9228

cc: Bruce Stuart, MDNR  
Christine Kump-Mitchell, MDNR  
Amber Whisnant, U.S. EPA Region 7

RCRA



521708



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(573) 751-3176

## GENERATORS HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

GENERATOR'S NAME:  
THE BOEING CO.

CONTACT PERSON (NAME):  
ANNETTE LAMORA

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX):  
5775 CAMPUS PKWY

CITY:  
HAZELWOOD

STATE:  
MO

ZIP CODE:  
63042

GENERATOR'S EPA I.D. NUMBER

MOD000818971

GENERATOR'S MISSOURI I.D. NUMBER

001251

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE > PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

### SECTION A - REPORT IDENTIFICATION (Complete Item 1 or Item 2, NOT BOTH)

1. ANNUAL

2011 2012  
7/1 (YEAR) to 6/30 (YEAR)

2. QUARTERLY FOR THE PERIOD ENDING

☐ 9/30 (YEAR) ☐ 12/31 (YEAR)  
☐ 3/31 (YEAR) ☐ 6/30 (YEAR)

3. PAGE

1 OF 3

### SECTION B - GENERATOR IDENTIFICATION

4. GENERATOR'S NAME ☐ HAS CHANGED  
THE BOEING CO.

5. GENERATOR CONTACT PERSON (NAME) ☐ HAS CHANGED  
ANNETTE LAMORA

TELEPHONE NUMBER ☐ HAS CHANGED  
314-232-4838

6. MAILING ADDRESS ☐ HAS CHANGED  
P.O. Box 516 (MC S598-1201)

CITY  
ST. LOUIS

STATE  
MO

ZIP CODE  
63166

7. PLANT SITE ADDRESS  
5775 CAMPUS PKWY

CITY  
HAZELWOOD

STATE  
MO

ZIP CODE  
63042

8. NAME OF PARENT FIRM ☐ HAS CHANGED  
THE BOEING COMPANY

### SECTION C - STATUS OF WASTE GENERATED

9. NUMBER OF SHIPMENTS MADE. Enter the number of shipments made this reporting period. If greater than zero, complete Part 2, sign certification and transmit to the department. If zero, check item 10 or item 11, whichever is appropriate.

3

10. REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2)

### SECTION D - COMMENTS

12.

### SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined an am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

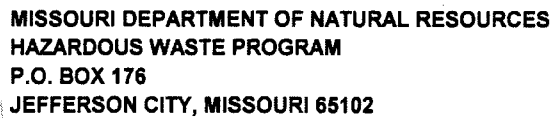
PRINT NAME

Michael Dwyer

SIGNATURE

DATE

10/8/17



**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR'S NAME:  
THE BOEING COMPANY - ST. LOUIS - BLDG 270

EPA I.D. NUMBER

**MOD000818971**

MISSOURI I.D. NUMBER

**001251**

**SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART 1)**

**1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)**

2. PAGE

☐ 9/30 \_\_\_\_\_ (YEAR)

☐ 12/31 \_\_\_\_\_ (YEAR)

☐ 3/31 \_\_\_\_\_ (YEAR)

☐ 6/30 \_\_\_\_\_ (YEAR)

2 OF 3

## 3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

**SAFETY KLEEN - SMITHFIELD**

5. FACILITY SITE ADDRESS

3700 LaGRANGE ROAD

CITY

SMITHFIELD

STATE

KY

ZIP CODE

40068

4. FACILITY'S EPA I.D. NUMBER

**KYD053348108**

LINE	6. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	7. EPA HAZARDOUS WASTE NUMBER Code (optional)	8. TAX CODE	9. TOTAL AMOUNT OF WASTE	10. UNIT OF MEAS.	11. SPECIFIC GRAVITY	12. MANAGEMENT METHOD CODE
1	Contaminated solid waste from aircraft cleaning and painting. (SXL00012-08)	D006 D007 F003 F0 05		175	P		H061
2	Halogenated and non-halogenated solvents and paint waste (SXL00019-05)	D001 D005 D007 D0 35 F003		850	P		H061

## 13. COMPANY NAME

14. MISSOURI ID NO.

15. US EPA ID NUMBER

a SCHIBER TRUCK COMPANY

H-1427

ILD006493191

**b**

C

## 16.



## GENERATORS HAZARDOUS WASTE SUMMARY REPORT - PART II

001251

3 OF 3

## 65049

[illegible]

## C

## 16.